

# THE IMMIGRATION AND PASSPORT ACT R.S.A, c I 5 $\,$ **APPLICATION FOR PERMIT OF PERMANENT RESIDENCE**

To Her Majesty's Governor in Anguilla

**Nationality of Spouse:** 

Place of Marriage:

Passport Photograph of Applicant

APPLICANT'S PERSONAL INFORMATION	
Title: □Mr □Mrs □Miss □ Ms □Other:	
Full Name:	
Maiden Name:	
Address in Anguilla:	Date of Birth:
	Day
Country of Birth:	Nationality:
	At Birth: Present:
Passport Number: Place of	Issue: Date of Issue:
Telephone Number :	Email Address:
Cell         Work         Home	
State below the name, relationship and contact number of s	omeone we can contact, if we are unable to reach you.
Name Relationship	Telephone Number
MARITAL STATUS	
Marital Status: □Single □Married □Widowed □	Separated □ Divorced (if married please complete below)
Full Name of Spouse:	
Maiden Name of Spouse:	

**Telephone Number of Spouse:** 

Date of Marriage:

Cell\_\_\_\_\_ Work\_\_\_\_ Home\_\_\_\_\_

### **FAMILY INFORMATION** List any dependent children's information below, if additional space needed include on a blank sheet

Full Name	Relationship	Date of Birth	Country of Birth	Nationality

#### PARENTS INFORMATION

List parents information below

Full name of Mother	Date of Birth	Country of Birth	Nationality
Full Name of Father	Date of Birth	County of Birth	Nationality

#### **EDUCATION RECORD**

List all educational qualifications attained

Name of School	Location	From	То	Qualification Attained

## WORK EXPERIENCE List all employment history during the past 10 years. Include any periods of unemployment or travel

Employer	Job Title	From	То

# **ADDITIONAL SUPPORTING INFORMATION**

Please provide details of Residence outside of Anguilla below				
From: Month/Year		To: Month/Year		
From: Month/Year		To: Month/Year		
From: Month/Year		To: Month/Year		
·		ce in Anguilla? — ☐ No ☐Yes -		
		, Employer pay slips, Telephone or of of residency in Anguilla during o		
		ble disease or mental disorder?	☐ Yes ☐No	
If so, state nature of such diseas	e and length of time confined in I	Institution for treatment		
Have you ever been arrested or	convicted of a crime? —	es □No (if yes	please complete the dates below)	
Date	Court	Places	Nature of Offence	
Special Interests & Extra-Curric	ular Activities			
Special interests & Extra-Curric	uidi Activities			

### **APPLICANT'S DECLARATION**

	do sole	emnly swear (of aff	irm) that the stateme	nts which
ppear in this application have been made by me an				
· · · · · · · · · · · · · · · · · · ·				
ignature of Applicant				Date
Sworn to (or Affirmed) before me t	his da	y of	20	
, ,		,	<del></del>	
Justice of	the Peace /Not	ary Public		
		·		
REQUIRED DOCUMENTS	EOD SIIRMIS	SION WITH ADD	ULICATION	
Applicant must show proof of <u>TEN (10)</u> years legal re Work Permits, School Letters, Job Letters	sidence on Angui	ilia, such as, Passpor	ts, Copies of Passport,	
> Two (2) passport size photographs				
> Birth Certificate (English Translation if necessary, orig	ginal and copy)			
> Police Certificate of Character				
⇒ Bank Reference				
⇒ Medical Certificate				
Certificate of Good Standing (Tax Clearance, applied)	for at Inland Rev	enue Department)		
> Two (2) notarized reference letters from Anguillans (	non-relatives) wh	no have known the a	pplicant residing in	
Anguilla for <b>NO LESS THAN TEN (10) YEARS</b>				
Receipt from Inland Revenue Department evidencing			_	
> You must provide a written account explaining period	ds of overstay in	Anguilla. Your applic	ation will <u>NOT</u> be proce	ssed until al
outstanding periods overstayed are paid for in full				
B: Persons engaged in any paid occupation/employment are still	required to obtain a	a Work Permit during a	and after the processing of t	his application
EOR O	FFICIAL US	F ONLY		
<u>1000</u>	THOME OF	<u> </u>		
Received By:		Decision of App	lication	
Received By:  Date:		Decision of App  Approved	lication	